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## BIB DATA SHEET

CONFIRMATION NO. 8610

SERIAL NUMBER	FILING or 371(c) DATE 02/06/2004 RULE	CLASS 705	GROUP ART UNIT 4176	ATTORNEY DOCKET NO. GRUBER-0001
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/445,584 02/06/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***

05/10/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY NY	SHEETS DRAWINGS 3	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 1
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials			

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**TITLE**

Electronic medical record method

<b>FILING FEE RECEIVED</b> 439	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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